

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-376)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
							IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
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13							63					
14							64					
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32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	34						TOTAL DEP.					
CLAIMS	27						CLAIMS					